

Bureau of Health Care Quality and Compliance

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|--|--|---|--|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION              |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>NVS5422AGZ</b>              | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>03/04/2011</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CANYON HILLS MANOR II</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>4540 S MONEY ST</b><br><b>PAHRUMP, NV 89048</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE   |
| Y 000  | <p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 3/4/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for 10 Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was six. Six resident files were reviewed and 4 employee files were reviewed. One discharged resident file was reviewed.</p> <p>The facility received a grade of B.</p> | Y 000   |  |  |
| Y 103<br>SS=F  | <p>449.200(1)(d) Personnel File - NAC 441A / Tuberculosis</p> <p>NAC 449.200<br/>1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include:<br/>(d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p> <p>This Regulation is not met as evidenced by:</p>  | Y 103   |  |  |

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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| Y 103  | Continued From page 1<br><br>Based on record review on 3/4/11, the facility failed to ensure 3 of 4 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing for the protection of all residents (Employee #1 is missing a second step; Employee #2 did not have a pre-employment physical; Employee #3 has a chest Xray in the file indicating history of positive PPD, however there is no evidence of a positive TB test or note from a medical professional stating the employee is positive for TB).<br><br>This was a repeat deficiency from the 5/17/10 State Licensure survey.<br><br>Severity: 2 Scope: 3  | Y 103  |  |                          |  |
| Y 105<br>SS=D  | 449.200(1)(f) Personnel File - Background Check<br><br>NAC 449.200<br>1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include:<br>(f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.<br><br>This Regulation is not met as evidenced by:<br>Based on record review on 3/4/11, the facility failed to ensure 1 of 4 employees met background check requirements of NRS 449.176 to 449.188 (Employee #3 did not sign a criminal history statement).<br><br>This was a repeat deficiency from the 5/17/10 and 6/21/10 State Licensure survey.<br><br>Severity: 2 Scope: 1 | Y 105  |  |                          |  |

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| Y 178<br>SS=F  | <p>449.209(5) Health and Sanitation-Maintain Int/Ext</p> <p>NAC 449.209</p> <p>5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained.</p> <p>This Regulation is not met as evidenced by:<br/>Based on observation on 3/4/11, the facility failed to ensure the landscaping was well maintained.<br/>(Construction debris and trash in back yard).</p> <p>This is a repeat deficiency from the 5/17/10 and 9/10/10 State Licensure Survey</p> <p>Severity: 2 Scope: 1</p> | Y 178  |  |                          |  |
| Y 698<br>SS=F  | <p>Residents Requiring use of Oxygen-Storage</p> <p>2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall:<br/>(b) ensure that:<br/>(5) All oxygen tanks kept in the facility are secured in a stand or to a wall;</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on observation on 3/4/11, the facility failed to secure oxygen tanks in a rack or to the wall (7 out of 10 oxygen canisters were unsecured in a backyard shed).</p> <p>This was a repeat deficiency from the 6/21/11 State Licensure survey.</p>          | Y 698  |  |                          |  |

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| Y 698  | Continued From page 3<br><br>Severity: 2 Scope: 3  | Y 698  |  |                          |  |

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